

EVALUATION OF PRIVILEGES - RADIOLOGY/NUCLEAR MEDICINE		PERIOD		DATE		
For use of this form, see AR 40-68; the proponent agency is OTSG		FROM		TO		
RATED BY		PRIVILEGES PERFORMED BY		TREATMENT FACILITY		
TITLE						
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.		ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
<b>Privileges Performed (Check)</b>						
a.	Radiology					
b.	Diagnostic radiology (Not qualified to treat diseased with ionizing radiation)					
c.	Diagnostic radiology with special competence in nuclear radiology					
d.	Therapeutic radiology (Not qualified to carry out complicated diagnostic radiologic procedures)					
e.	Nuclear medicine					
<b>Performance Level (Check)</b>						
	Category I.					
	Category II.					
	Category III.					
<b>Subspecialty Areas</b>						
a.	Arteriography (Angiography)					
b.	Ultrasonography to include percutaneous needle biopsies of abdominal organs and cyst punctures					
c.	Neuroradiology					
d.	Interventional radiology					
e.	Computerized tomography					
f.	Radioactive isotopes					
g.	Other (Specify)					
<b>Nuclear Medicine (Approved by Radiation Control Committee)</b>						
a.	Diagnostic imaging					
b.	Invitro isotope assays					
c.	Therapeutic (Specify isotopes licensed to use)					
d.	Other (Specify)					

COMMENTS (Borderline and unacceptable ratings will be addressed.) (Use reverse side if needed.)

RATER'S SIGNATURE	DATE
-------------------	------